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ORIGINAL AND SELECTED ARTICLES.

HYDROLEINE—HYDRATED OIL.

BY J. H. EGAN, M.D., TENN.

The credit of the introduction of cod-liver oil and its various combinations in the treatment of phthisis and all other diseases where emaciation is a prominent symptom, is due to the late Dr. John Hughes Bennett, of Edinburgh. It was soon discovered that while the exhibition of one or two bottles was advantageous and served to increase weight, yet its continued administration had the contrary effect. The stomach became disordered, eructations were produced, and the remedy had to be discontinued.

This arises from an overworked liver. The largest and most fatty liver is found in persons who shew the greatest emaciation.

The lungs are placed between the veins and arteries. No venous blood is allowed access to the arterial system until it has passed through the lungs and been oxygenated. The liver is placed between the food supply and the pulmonary circulation, intercepting every particle of food that can be absorbed by the veins. Everything that can be absorbed by the lacteals and lymphatics is conveyed by the thoracic duct to the lungs, and never reaches the liver. All the venous blood, except that charged with new food, is kept out of the reach of the liver

and conveyed to the lungs. In fine, all fats not absorbed by the portal system of veins, all the products of interstitial nutrition are carried direct to the pulmonary circulation, but all other elements must be submitted to the operation of the liver before being fit for use.

The bile is manufactured by the liver from the fat, and only the excess can reach the hepatic vein. An accumulation of oil in the hepatic vein indicates that the liver has been overtaxed. The continued overtaxing of the liver renders it fatty, and in proportion as this occurs so the liver becomes more and more unable to perform its functions. We see then why for a time an emaciated patient improves under the use of oil, and why so soon as the liver becomes incapacitated from performing its function emaciation increases.

For a time it is possible to overtax any organ, and should the strain be removed, the organ at once recovers its normal state. As a corollary so soon as we find that the ingestion of oil disagrees with the patient, we ought at once to stop its use and stimulate the liver.

The best hepatic stimulants I have found are:

Elixir wahoo and wahoo and blue flag or podophyllin	gr. 1
Alcohol	℥ ½
Fluid extract aromatic powder	℥ ½

A teaspoonful of either to be taken at night.

Fat is the substance we desire to exhibit, and the point with the physician is to administer in such a way that it will be taken up by the lacteals and lymphatics without straining the powers of the liver. If fat be not ingested then, as the demand for fat must be met, the system lives upon itself, producing the emaciation we desire to check.

In consumption, long before there has been a deposit of the tubercle, the fact that strikes the patient is his increasing weakness and emaciation. We make a critical examination and we are unable to explain it, as we find no disorder in any organ and, therefore, we are sure that, unless instant treatment be adopted, phthisis will result. It is in this stage that the disease is always curable.

Dissatisfaction with the action of cod-liver oil led the London physician to enquire into the matter, and the result of many years of research and experiment has resulted in placing before the profession "hydroleine." In Great Britain this preparation has supplanted both cod-liver oil and its combinations.

It is partially digested oil with water, and is sometimes denominated "hydrated oil." It is pleasant in its taste and never disagrees with the stomach. It can be exhibited indefinitely, and the immediate effect is increased weight and appetite, enabling the patient to take exercise and by that means burn up the waste tissue.

This is the great benefit derived from outdoor exercise; the chest be-

comes expanded, and fuller inspirations are made. Of my own personal experience I can state that I have never seen "hydroleine" or "hydrated oil" exhibited without the patient at once being cognizant of its beneficial effects.

GLEANINGS FROM PRIVATE PRACTICE.

BY C. C. VANDERBECK, M.D., PH.D., N. J.

What a peculiar attraction clinical reports or lectures have for the mass of medical readers! It were folly to debate the value of such reading. All know the peculiar opportunities of hospital study and work; and many of the best modes of treatment of private practice of to-day, both surgical and medical, as well as numerous instruments and appliances, had their origin in the wards of hospitals. Yet, is it not true that all over our broad land many a medical expert lives and plies his vocation in small towns and rural districts? Is it not true that many a peculiar and interesting case occurs in the countryman's practice?—one that would prove of interest even to city physicians as well as to some fellow rural doctors? Who has talked with different doctors of the country but has found out that they often possess novel ideas, and good ones too, of treatment, or of some surgical appliance? So, Mr. Editor, while you give space for the "clinics," will you for a time let me seek to group on paper such useful ideas, hints and operations as I may gather from physicians removed from clinics and hospitals.

During a recent conversation with Dr. Junkin, of Easton, Pa., some useful ideas were given as regard women's diseases. In using nitrate of silver for the inner membrane of the womb, in lieu of a porte caustic, he uses a platinum wire of sufficient length, coating the end thoroughly with the silver, and in this manner:

Grasping a piece of silver nitrate with a pair of tweezers, hold it near a flame from a spirit lamp, while the opposite hand holds the end of the wire in the flame until hot enough to pierce for some distance the silver. Allowed to cool the nitrate will be found firmly fixed on the wire.

In order to make this point of proper size and shape, pass it through the flame quickly, which softens the medicine, and allows it to run as the wire may be turned or held. This part of the procedure is the most difficult, for unless care is used, the entire piece of silver will fall off. After a few trials, however, one will become expert in making these points.

In the application of this to the inside of the uterus the wire must be properly curved, and quickly passed through the neck into the body of the womb. Any delay in the neck causes immediate contraction and foils or makes difficult the passage of the instrument into the body.

The way the Doctor came to describe to me this instrument is this: I was asking advice in a case of severe and protracted menorrhagia. Examination proved the trouble to be in the uterine mucous membrane. In such cases he has had excellent results from these points,

used once a week. I tried it, and so far with gratifying results, having arrested the bleeding for three weeks—the longest period for a year or more.

Dr. Junkin thinks that menstruating females are not cleanly enough. After each period tepid water should be injected high into the vagina washing out all debris. He thinks that the irritation of retained clots and mucus is one of the causes of uterine disease. Does this really not look reasonable? How many do it? How many physicians advise it? In maidens, of course, it is a little inconvenient to use a syringe, but the efforts put forth will certainly bring back good interest in health and hardiness. We are living in a hygienic age. More attention is given every year to the care of health and prevention of disease. Will not our teachers of hygiene insist upon cleanliness of the sexual organs? Yet, it will be as hard to get it done, I imagine, as it is to get people generally to use the morning cold sponge bath. Can anything be more grateful than the glow and vigor obtained from this morning application of water? It is quite possible, if we heard more of water for the uterus, we would have less to do with platinum, zinc, and nitrate of silver.

Dr. Junkin recommends young physicians to use the bivalve speculum. He says the common glass ones often discourage the inexperienced. With them it is more difficult to find the os, and to explore the uterine cavity, especially if there be any malposition.

There is a class of women in the country who get through their confinement cases without medical aid, depending upon the old women, especially those who have had "many of them," of the vicinity. Just such cases as fall to the lot of the student to learn from in the cities, or are attended by the district physicians. All is well that ends well, but if it don't end well what then? In other words, if by the lack of medical aid and attention a life is sacrificed, it may be the mother, or it may be the child, where does the responsibility rest? Should not every township have its recognized "poor" doctor, who would attend such cases for a small cash fee, to be paid in all possible cases by the family. It should be obligatory on all poor families to secure the services of a physician; if very poor, to obtain the required services at poor rates; if in very destitute circumstances, to obtain town aid. That is, no confinement case should be allowed to occur without the services of a medical man. Less of these "no doctor" cases would happen, I feel sure, if the patient knew that services could be secured at a small price without the stigma of becoming a pauper.

In our township of Upper Freehold, no regular poor doctor is appointed by the committee. The pauper can select a physician, and the overseer then arranges for attendance. Or the family calls for its physician, and he, for protection, asks the town aid for them. Charity attendance needs a little regulation in the country as well as in the city. It seems to me, the remedy is the appointment of a town physician by the committee, and after it is clearly shown that a family is unable to pay regular fees, that they may secure the advantages of the poor rates, which should be very much reduced from regular charges.

A late case in my practice will serve to illustrate the evil of no attendance in confinement.

About midnight, not long since, I was called to see an Irish woman

in labor. While riding to the house the boy who came after me remarked that the women thought the child was dead, but he could tell me nothing more of the case. I found on arrival that the baby, a large, well formed female child, was born and dead. The old women said it was born after the boy started to town for me, and was dead when it came into the world. I came to the conclusion that the birth occurred before the boy left at all for me. The women had mismanaged in some way, and finding a dead child in their hands, send for a doctor, so as to secure at any rate a burial certificate.

Will some of your readers give me the probable cause of the prominence of one eye just previous to an epileptic attack, in a case of mine? I do not mean a few moments before, but it often serves as a warning one or two days before the attack. It is true it is not always followed by a "grand mal," but it is a premonition of the epileptical "bad days."

It is well known that epileptics enjoy periods of variable length of comparative freedom from unpleasant symptoms, followed by days of mental and physical distress—symptoms of reflected nervous irritation in almost all the organs of the body, diarrhœa, nausea and vomiting, backache, headache, dizziness, "petit mal," and mental feebleness. Even as a precursor of these evil days have I noticed, in the case referred to, the prominent left eye, giving a peculiar and alarming expression to the face.

Tanner, in his most excellent "Manual of Clinical Medicine and Physical Diagnosis," under the caption of "Signs Presented by the Eye," says, "The eye may be increased in size, from hyperæmia of its tissues, such as takes place in impending suffocation, or in congestion of the brain, heart, or lungs; it also becomes more prominent, and therefore apparently increased in size, in convulsions, apoplexy, epilepsy and delirium tremens."

Now, what I want to know is, what is meant by the eye being "more prominent, and therefore apparently increased in size?" Is there turgidity of the surrounding tissues in the condition causing this prominence of the eye? Will this symptom guide me to a suitable plan of treatment to relieve the sufferings of the "bad days?"

A late number of the American Agriculturist considers the subject of "Fatal Accidents from Mowing Machines," especially those resulting from drivers being thrown off from their seats in front of them. Country physicians can substantiate these statements, not only as regards the frequency of accidents to the driver, but to children who are playing in the field and running behind the machine. Two sad accidents occurred to girls in our vicinity, last summer, in this way, the foot being severed from the leg in each case.

As remarked before, this is an age of hygiene; and noble efforts are now put forth to prevent disease. What shall we call efforts to prevent accidents? It is a subject worthy of more attention than has been given it. Should not physicians carefully examine all instruments and mechanisms dangerous to life, and see whether their danger could be diminished without any special curtailment of use and power? The Agriculturist says that a lady of Burlington, N. J., invented an arrangement for throwing the knives of a mowing machine out of gear the in-

stant the driver's weight was taken from the seat. It knows of no instance of it being put to use. Could not the inspecting and reporting of the different machines, their respective dangers, and how they could be thus improved, be the duty of boards of health?

It has been a matter of surprise to me that country physicians do not make more of the various operations on the teeth. As a rule, they are not adequately supplied with extracting instruments, and by reason of this, so often fail to perform a good job at extracting, that they become timid, and hesitate to undertake the work. A few carefully selected instruments, including a good root, right and left molar, and an incisor forcep, will make one master of the majority of cases. As some one in a recent issue of the Reporter suggested, we should not be timid and cowardly about the various minor operations. Especially in districts without a dentist, should the doctor be prepared to relieve suffering by lifting out an offending tooth. But more, why, in such regions, could not the physician save teeth that the ignorant patient asks to have removed, by filling them with some of the usual preparations? I am not asking a doctor to turn dentist; but the doctor can pick up many an extra dollar by being not too particular in his work, in fact, by performing his whole duty, saving tissue, relieving suffering and deformity, bestowing comfort, aiding nature.

Let us illustrate: A bright damsel came to my office to have four badly decayed teeth removed, which done, she asked if I could not clean her teeth. That is, she wanted the ugly collection of tartar on the upper front teeth removed. I went to work with the end of a match and some very fine powdered pumice stone, and using care not to injure the enamel, in less than an hour the teeth were looking clean and polished: and she was greatly pleased with the change, and paid me an extra dollar or two for my services. In small cavities, where gold is not required, and no "building up" necessary, why cannot a doctor easily learn to put a simple amalgam filling? Often being asked by my patients after extracting, what is good for the teeth as a dentifrice, I show them a tooth powder, put up in what is called a magnesia bottle, and usually sell them a bottle, and thus further add to my income.

Gentlemen, I am not ashamed to write of little things, if I can suggest to the struggling, plodding, hard-worked (or under-worked), little-paid doctor how to add to his pocket-book some dollars.

God bless the country doctor! Yea, often is it God pity the country doctor! No thousand dollars fee ever drops into his coffers. Even down to the sale of a bottle of tooth powder must he descend for that which is to keep his family in even a degree of comfort. Wake up then, brother, glean all you can. It is all legitimately your due.

The dentifrice I referred to above is:

℞ French prepared chalk.....
Powd. borax.....aa ʒ viij
Powd. orris root..... ..... ʒ ij
Powd. cinchona bark..... ʒ iv
Powd. castile soap..... ʒ iij
Oil wintergreen sufficient to impart an agreeable perfume.

Before closing, let me give a few formulæ I have found useful.

Great account is now made of "Rock and Rye," and advertisements are constantly seen in the papers. I make my own, thus:

℞ Rock candy..... 1¾ lb
Boiling water..... 1 pint
Best rye whisky..... 2 quarts

Stir, and after the candy is dissolved, or saturation is reached, strain.

A good liniment for some purposes, especially where iodine is useful, as in tumors, etc., is this:

℞ Iodine..... gr. x
Alcohol..... ℥ iv
Water of ammonia..... ℥ j
Camphor..... ʒ ij
Tinct. red pepper..... ℥ iv
Ol. lavand.....
Ol. rosemary.....aa ʒ j M

To make a successful worm liquid, add santonine to fl. ext. of spigelia and senna.

I have found sol. acetate of ammonia, in tablespoonful doses every hour until the pain is relieved, an excellent remedy for dysmenorrhœa. Sometimes the stomach is so irritable that I cannot carry out this plan to full effect, but where it is retained it has given great satisfaction.

I am using very much of the deodorized tincture of opium, and find it superior by far to any other preparation of opium. Scarcely ever does it produce nausea and headache. It is more reliable in strength than laudanum as usually kept by druggists. Many druggists make their laudanum, one ounce of opium to the pint of dilute spirits. The officinal directions are, two ounces and a half of opium to two pints of dilute alcohol.

It seems to me that we do not appreciate the value of nux vomica as we should. I have carefully examined a file of 7000 prescriptions in a country drug store, and not one called for nux vomica. I can testify to the valuable tonic properties of the following:

℞ Tinct. cincho., co..... ℥ iv
Tinct. nucis vomicæ..... ʒ j M

Dose, one drachm three times a day.

I know not whether it is generally known that spirits of nitre is a good solvent of salicylic acid:

℞ Salicylic acid..... ʒ ij
Spirits of nitre..... ℥ j M

Dose, one to two drachms.

I think it is often forgotten that corrosive sublimate is moderately soluble in cold water, and that dilute alcohol, or even a weaker spirit still, will dissolve it. Thus in bed-bug poison (trusting the reader may not have occasion for practical use of it) a cheap mixture, and an efficient one is:

℞ Corrosive sublimate..... 1 ounce
Chloride of ammonia..... ½ ounce
Dilute alcohol..... 1 quart

Corrosive sublimate forms, with chloride of ammonium and chloride of sodium, compounds which are more soluble than the uncombined mercurial salt. It is on this account that aqueous solutions of sal ammoniæ, or of common salt, dissolve much more corrosive sublimate than simple water. The above formula could be changed to one quart of water, and yet be found to accomplish the solution of the poison.

A good mucilage for office use is made thus :

R	Gum arabic	1 ounce
	Glycerine	2 drachms
	Boiling water	3 ounces

I suppose every country physician keeps a number of recipes written in a little blank book for reference. In this same book, anything new he hears or reads of is put down. The objection to an ordinary book is the difficulty in finding just the formula wanting when in a hurry. I find a small-sized book-keeping ledger very convenient, and make an entry in the alphabethical pages, of every formula or item copied into the book. For instance, in "T" is Tooth Powders, page 40, and on turning to this page, the formula given above is found.

Try this plan, and find what a convenience it is, and what a pleasure it gives to have one's knowledge thus classified. It is somewhat after the style of Todd's advice to make an "Index Rerum" of all things of importance in one's reading or experience. In this manner may the work of a lifetime be saved, controlled and reviewed.—*Med. and Surg. Reporter.*

CLINICAL LECTURE.

BY H. AUGUSTUS WILSON, M.D., PHILADELPHIA.

[Reported by John McLean.]

Cholesterin in Vitreous Humor and Cataract.—The first case which I bring before you to-day, is Mr. A. H——, aged 74 years. This gentleman comes to me with the following history. Three years ago he fell from a car and was dragged some distance, receiving a severe contusion on the head. One year afterwards his right eye began to fail, and about eight or twelve months later the left also became affected. An examination, with the ophthalmoscope, reveals first of all a number of brilliant specks floating about in the vitreous humor.

This brilliant appearance is due, according to Soelberg Wells, to the presence of crystals of cholesterin in the vitreous humor. Our patient tells us that after sitting quietly with his eyes closed for a half hour or so, if he opens them gradually and looks around, he can distinctly perceive the outlines of the buildings upon the opposite side of the street.

The slightest movement, however, serves to set these little bodies in motion, and they, coming before the field of vision, again obscure the sight.

Besides this condition he has in the left eye atrophy of the optic nerve, and enlargement and distortion of the veins, which may be discovered with the ophthalmoscope, when the particles of cholesterin settle down, thus leaving the vitreous humor comparatively clear.

The right eye when examined by oblique illumination, reveals an opacity which I find upon further examination with the ophthalmoscope to be situated in the lens.

Having thus diagnosed a cataract it is important that we should ascertain its character.

There are, as you all know, two kinds of cataract, hard and soft. Soft cataract occurs usually before the thirty-fifth year, while hard, or senile cataract occurs after that period. Again, in soft cataract there are no striæ, while these are always present in the hard variety.

The ophthalmoscope reveals in this case striæ distinctly marked, and this together with the fact that the patient is 74 years old, renders the diagnosis of hard cataract very easy. It was this cataract which induced the patient to seek my advice relative to its removal.

He is very anxious to have an operation performed for the restoration of his sight, and it is for us to study the condition of the eye behind the cataract, that we may form some idea of the advisability of an operation.

If I was able to judge from the other eye that there were no lesions of the optic nerve, retina, or vitreous humor, I might fairly conclude that the cataract was the only cause of his not seeing, but, as I have already told you, the examination of the left eye has revealed optic atrophy, and this very rare condition known as cholestrin in the vitreous humor; and I have every reason for believing that the right eye is similarly affected.

Hence I am compelled to tell our patient that I can offer him no hope whatever from an operation. The treatment in this case has been on the expectant plan.

The patient has been taking potass. iodide gr. x, three times daily for some time, and I am happy to say that the particles of cholesterin have materially decreased in number, but I can see no change whatever in the optic atrophy. I am also using a one-grain solution of sulphate of atropia; partly to give him a wider field of vision, but more especially to make him believe that something is being done for him.

Purulent Inflammation of the Middle Ear.—The next case is a little girl, Rebecca G——, aged 12, who has been under treatment for some time. For several years she had a profuse, purulent discharge from the right ear, and was hard of hearing.

The first time I saw her I found upon examination that she had strawberry granulations on the posterior wall of the meatus, just external to the membrana tympani; together with a perforation of the membrana tympani itself.

When she first came to me, her hearing distance was three-eighteenths, that is to say, she heard a watch held three inches from her ear, which a normal ear should hear at eighteen inches. She was treated for some time with monochloracetic acid, but lately I have made weekly applications of nitate of silver, in stick, followed by iodoformized cotton.

The method of preparing the latter for application is as follows:

Make a solution of

Iodoform	℥ ss
Ether	℥ j
Oleum gaultheriæ	gtts x

A piece of absorbent cotton is completely saturated with this solution. The ether is then evaporated, thus leaving the iodoform in a finely divided state, evenly distributed throughout the cotton.

When I wish to make an application, I simply cut off a piece of this prepared cotton, insert it in the meatus and direct the patient to leave it there for twenty-four hours, and then remove it and syringe the ear thoroughly with warm water.

I find this mode of administering iodoform externally far superior to any other with which I am acquainted. I have used it in chronic ulcers of the leg, and have found upon removing the cotton twenty-four hours after application, that the iodoform has been almost entirely absorbed.

My experience in treating purulent inflammation of the ear, has still further shown this to be a valuable mode of administering iodoform externally. Under the above treatment this little girl has improved very much. The discharge has entirely ceased, the granulations have very materially decreased in size, the perforated membrana tympani has healed, and her hearing is now fifteen-eighteenths. I think that after one more week of treatment she will be discharged from the dyspensary.

Opacity of Cornea with Anterior Synechia.—The next case is Annie B——, aged six months. Her mother says that for four months she has had chronic purulent ophthalmia, probably originating in opthalmia neonatorum. She has in the right eye prolapse of the iris with anterior synechia; and large, thick, heavy opacity all over the pupillary space. In the left eye the opacity is epithelial in character, very slight, and on the outer surface of cornea.

I bring this case before you to show you what may occur in your own practice, should you allow a case of ophthalmia neonatorum to go untreated.

The child now has great photophobia, or dread of light, which keeps her in the house, and in a dark corner away from the sunshine. In the right eye there has been an ulcer, which, perforating the cornea, allowed the aqueous humor to escape. The iris has been pressed forward, and has been caught in this opening. It is now permanently fast there, and constitutes the condition known as anterior synechia.

The only treatment which will benefit the right eye is iridectomy, which I shall perform when she gets a little older. In the left eye I hope to remove the opacity by very delicate scarification of the epithelial surface, followed by the application of calomel in a fine state of subdivision, which I shall dust into the eye with a camel's hair brush. I must warn you not to use calomel insufflation at the same time that you are giving iodide of potassium internally, for experience has shown that iodide of potassium being readily absorbed, and distributed through the whole system, will come in contact with the calomel in the eye, decomposing it and forming the iodide of mercury, which acting as a caustic sets up severe inflammation of the coujunctiva. The sight in this case, however, can never be entirely restored, as objects will always appear more or less distorted, owing to the broken up condition of the corneal surface.

I am using atropia for the purpose of dilating the pupil beyond the opacity, so that the retina may have the stimulus of light to prevent the

occurrence of amblyopia (partial anæsthesia of retina), which is apt to follow disuse.

Traumatic Injury of Cornea with Prolapse of Iris.—The last case which I shall have the pleasure of bringing before you to-day is that of a young man, Julius E——, aged eighteen, who about ten days ago was struck in the eye by a piece of steel.

When I first saw him two days ago, the eye was very much inflamed, and the pupillary space was egg-shaped, owing to a prolapse of the iris.

It is impossible at this late stage for me to say whether the piece of steel has perforated the cornea, or whether it has caused an ulcer, which has gone on to perforation, resulting in this prolapse of the iris. The fact that I am unable to find any wound of the iris, or the presence of the piece of steel in the eye, leads me to believe that the latter is the case.

Could I have seen the case early before perforation had taken place, I shouid have tapped the anterior chamber, and thus have relieved the pressure, which was one of the factors in the petforation. The treatment so far has been the application of an eight-grain solution of sulphate of atropia, with a view to drawing the prolapsed iris out of the perforation and relieving the pain.

To-day I shall apply a two-grain solution of sulphate of eserine, and direct him to drop two or three drops of it in the eye several times a day. This will produce tension in a direction opposed to that exerted by the atropia, and I hope in this way to draw the iris completely out of the opening.—*Med. Bulletin.*

PRODUCTION OF SEX AT WILL.

We have placed in our hands a series of letters upon the production of a desired sex, written to a scientific gentleman of this city, by Mr. D. D. Fiquet, of Houston, Texas, a graduate of Harvard Law School, whose failing health drove him from the bar to a business in the open air, and who is at present a practical cattle-breeder.

In these letters Mr. Fiquet claims to have discovered a system by means of which, with unerring certainty, he can cause a cow to give birth either to a bull or heifer calf, according to his wish. He developed his system at the cost of much previous experiment and many failures in his attempts "to discover the causes which control, and the conditions which determine the matter of sex."

He made use of all available scientific authorities of note, discarding them one by one as he proved their fallacies. In this way he disposed of Thury's law, "which," says M. Fiquet, "is utterly worthless in practice and wrong in theory. It is flatly contradicted by the ordinary experience of stock-raising."

Being impressed by Waldeyer's remark in his work on the ovum, namely, that for some time after impregnation the ovum is, in a certain sense, hermaphrodite, Mr. Fiquet was led to imagine that the matter of sex might perhaps be controlled and determined by the female during pregnancy. Familiar, also, with the fact that in the bee, moth, and butterfly families sex can be governed by the simple conditions of care

and feeding, he resolved to try the effects of nutrition upon his cows after the act of coition. To this end he selected two animals whose condition for many months had been identical, and had them served by the bull. Having now two cows in precisely the same physical status, he fed one richly, and underfed the other. At term each one produced a heifer. He then repeated the experiment with two other animals, treating them during their pregnancy in a similar manner. Each cow gave birth to a bull calf.

Mr. Fiquet naturally abandoned this method, and, despairing of securing any aid through physiology, he "turned to nature herself."

An intimate acquaintance with the birth and death rate statistics of life insurance had led him to remark the uniformity in the proportions of each sex. This suggested the thought that a harmless method of disturbing this uniformity of sexes at birth might be the solution of his problem. How to accomplish this was the next question.

Recalling to mind all his married acquaintance, he made the observation, not only that in some families female children, in others male children predominated, but likewise that a vigorous, passionate man, and a cold, impassioned woman generally begat a surplus of female children, and that, reversing the temperaments, boys abounded. Then occurred to him the idea that if, by any means, he could render his bull more passionate than the cow at the time of coition he would thus secure the birth of the opposite sex, or heifers, and *vice versa*.

Believing he could accomplish this by feeding and careful attention, he began his experiments.

Choosing eight cows, he fixed upon one from which he desired a bull calf—the other seven were to produce heifers. Having carefully noted the dates of the periods of the eight cows, he allowed them to pass one œstrum, and thus was able to anticipate the return of the period in each.

The cow destined to produce a bull calf, came in first. Mr. Fiquet began to feed her most bountifully upon grain, corn, oats, meal and rich hay. A few days before the reappearance of her period she was withdrawn from the herd, stabled, "and right royally attended. As anticipated, her passion came and in full blast."

The bull, meanwhile, had been fed upon green and cooling food, which moderated the usual vigor of his passion, and the difference between the animals "was thus rendered plainly discernible."

"My theory," says Mr. Fiquet, "was that, the cow being far more desirous for the bull than was the latter for the cow, nature was calling more loudly through the female than through the male for the natural gratification of her desires; that the services of a male were more necessary than those of a female, and that *pari passu*, the creation of a male thus became a more natural necessity than that of a female." This he supposed to be the desired disturbance of uniformity in nature, and consequently that in her very economy nature required the production of a bull calf. "Think of the theory as you may," he adds, "the cow was served by the bull twice, and the result was the desired bull calf."

The remaining seven cows were submitted to the gallantry of a castrated bull, who, although impotent, served as a never-failing detective of the periods of the cows. Mr. Fiquet was thus enabled to anticipate

their seasons of heat with exactitude, and, moreover, supposed the fruitless activity of this bull would be of use in reducing the passion of the cows.

Previous to his introduction to each of these cows, the other bull was generously fed on various rich grains and clover hay. On the other hand, the several cows were kept cool by light food—grazing, green fodder and bran. When their periods arrived, the animals were allowed to run temporarily with the castrated bull, and their frenzy was thus partially allayed. Being finally coupled with the service-bull, the conditions in each case were a rampant bull and a moderately excited cow—the reverse of the conditions in the first experiment. The bull therefore being more anxious for the cow than the cow for the bull, Mr. Fiquet, for reasons already given, again predicted the birth of a calf whose sex would be the opposite of that of the more passionate animal. The result was the birth of seven heifer calves. In all these instances, then, Mr. Fiquet was successful.

Continuing his experiments, he bred from five other cows, the sex of the calf in every case predetermined. The cows of several of his neighbors were served by his bull, and, having inquired as to the previous treatment and feeding of the cows, and knowing the condition of his bull, Mr. Fiquet predicted the sex of the resulting calves with unvarying correctness.

"My success," he says, "is therefore either unprecedented luck at guessing and the merest fortuitous accidents, or these experiments were based upon physiological truths."

He confesses to a lack of knowledge in the methods of horse-raising, but presumes his theories will hold good in the breeding of all uniparous animals, and believes his results can be reached by any careful, sympathetic breeder.

He feeds and prepares his bull for every special occasion, and does not allow him to serve more than one cow per week. If the bull be in course of preparation for a particular cow, he is never permitted to serve another which chances to come previously into season. An entire month is sometimes occupied in this preparation.

Mr. Fiquet's system will oblige the owners of large herds of cattle to keep several bulls, but the ease with which they can breed either sex at will (supposing the new theory to be true), will more than compensate for the increased expense, for the growth of their herds will be rapid.

Mr. Fiquet has never used any excitants of any kind, relying wholly upon a generous supply of rich foods. He expects to encounter incredulity on the part of cattle-raisers, and seems to desire avoidance of discussion. He simply presents his facts, the exactness of which is formally substantiated by certificates signed by trustworthy and well-known citizens of Houston, and now in the hands of a gentleman of Boston.

Mr. Fiquet has already communicated details and results of his experiments to the Journal of Agriculture. In reply, a critic, without reason, we think, finds them a confirmation of Thury's law, namely, that when coition occurs in the early stages of the female's passion fe-

male offspring should be produced, the contrary, if coition takes place late in the period of the female.

We fail to discover in what manner Mr. Fiquet's experiments prove the correctness of this theory.

The Monthly Bulletin of the American Jersey Cattle Club for July and August, 1879, briefly quotes the experience of Mr. Fiquet. The editor makes no direct comments, but foreshadows a shoulder-shrugging incredulity.

Having carefully read Mr. Fiquet's letters, our own impression is that he is a man of perfect sincerity. The modest manner in which he presents and details his experiments, his impersonal anxiety that practical cattle-raisers should be made familiar with his success, and the very evident absence of all wish on his part to win notoriety seem to be proved by his desire that some gentleman of scientific reputation, or some institution of influence, should call upon agriculturists and cattle-breeders to try the experiments we have detailed.

If Mr. Fiquet be correct in his theories, and if the results he has obtained be more than mere coincidences, they will, it must be confessed, not only revolutionize cattle-raising, but add enormously to the wealth of the world.—*Boston Medical and Surg. Journal.*

HOW TO PREVENT MAMMARY ABSCESS.

BY S. S. BOYD, M.D.

In the September number of the American Practitioner, I find a very excellent paper, "A Simple Method of Preventing Mammary Abscess," copied from the Canada Medical and Surgical Journal.

For years past, when in my practice a mammary abscess is threatened, I have always applied a bandage to the breast with the most satisfactory results, never failing to prevent suppuration if resorted to in time. Even after the breast has suppurated at one point, if the bandage is properly applied, the extension of inflammation to other parts of the breast will be prevented; which was not the case when, under the old *regime*, I used all the poultices, plasters and liniments, which I and all the old women of the vicinity could suggest.

The bandage is applied as follows:

First, take a roller of sufficient length to pass around the waist of the patient just below the breasts. Then take a piece of strong muslin about eight inches square; cut a circular hole in the center of it, large enough to pass over the breast tightly; sew one edge of this to an edge of the band. Now raise the breast and gently draw the eight inch piece over it, so that the breast will protrude through the circular opening. Fasten the bandage as tightly around the waist as can be comfortably borne. From each upper corner of the square piece fasten a band and pass them over the shoulder, and secure tightly to the bandage which passes around the waist.

We now have a foundation for the superstructure, which we build as follows:

Take a soft roller, one and a half inches wide, and lifting the breast

pass it around the breast two or three times at the base as tightly as can be tolerated by the patient. Then cut strips from the same roller about eight inches long, and fasten one end of one of the strips to the inner edge of the cloth through which the breast protrudes; fasten the other end of the strip to the opposite side of the ring, passing it over the breast but avoiding the nipple. Apply other strips in like manner until the breast, except the nipple, is completely covered; apply the strips as tightly as can be borne by the patient. It will astonish the uninitiated how much pressure an inflamed breast will bear when thus gradually applied.

The same plan is resorted to when not called until suppuration is established, except that an opening in the bandaging is left at the point of exit of pus. When the bandages become loose, as they rapidly do, they should be tightened.

Not claiming that the above plan of treating mammary abscess is as neat as that given by Dr. Shepherd, I do claim that the bandaging more thoroughly fills what I take to be the indications in such cases, namely, to more effectually cut off the excessive supply of blood that feeds the inflammation, which once established often destroys the function of the breast, and brings almost intolerable sufferings to the patient. While I admit Dr. Shepherd's plan of treatment acts, as he says, by "exercising even pressure and giving support to it," yet I believe the facilities for renewing the pressure, as afforded by the foregoing suggestions, will be found essential to success in many cases.

Again, if we teach the student or young practitioner of medicine that by bandaging the breast we cure mammary abscess, he at once discovers that congestion, and even inflammation, can be overcome by pressure continuously applied; and he will not have to be taught that bandaging is the "sovereign thing on earth" for indolent ulcer, a sprain, or synovitis, and most other forms of inflammation where a bandage can be used or pressure applied. In short, we teach a principle which is adapted to a wide range of diseases, and not a mere fact which only applies to a single case.—*Amer. Practitioner.*

RESTORATION AFTER THE HAND IS COMPLETELY SEPARATED FROM THE ARM.

BY L. L. STATON, M.D., N. C.

I desire to place on record the following, unusual, and so far as I know, the only case of the kind ever given to the profession:

On Friday afternoon, February 5th, 1880, I was called to see Mary Sumlin, a white girl aged eleven years, quite anæmic and rather small for one of her age. While helping her mother to procure fire-wood she placed her hand in the way of an axe, and at one blow had it severed from the styloid process diagonally across the trapezium passing through the scaphoid bone and posterior annular ligament, dividing all the muscles, bones and blood-vessels, and completely separating the hand from the arm excepting a small portion of skin, below the articulation, with the ulna, the hand was hanging at right angles to the arm when I saw her, about thirty minutes after the accident.

I determined at once upon amputation, at the joint above (the wrist), so returned to my office, a distance of a half mile, to procure the assistance of another physician; but finding this impracticable, I proceeded carefully to replace the hand, which was held securely in position with silver wire sutures and adhesive plaster.

In dressing the wound the patient complained of pain when I used the needle in the arm, but none when it was used in the hand.

I secured the hand and arm upon a broad splint and directed that they be kept warm by being wrapped in hot flannel cloths.

I saw her twelve hours afterwards; the hand was very much swollen; no sensation or pulsation could be detected nor had she complained of any pain, but rested quietly during the night.

Saw her the next day. She now complained of a little pain, but the hand and arm presented the same appearance as of yesterday.

Saw her upon the third day. Could now plainly feel pulsation in the hand; it had changed its color, and I now for the first time thought it possible to save the hand. From this time she did not have a bad symptom, nor was there any suppuration or secretions of any kind, the wound healed entirely by first intention.

I removed the sutures upon the fourteenth day, and afterwards she carried the hand in a sling and is now able to extend the fingers and grasp with nearly the usual strength. There is no anchylosis of the wrist joint as I expected.—*N. C. Med. Journal.*

DOMESTIC REMEDY FOR FELONS.

BY T. C. BRANNON, M.D., TEXAS.

I have been afflicted with nearly forty felons during my life, and suffered very much with the first ones, being able to get no reliable treatment from medical authorities. In my desperation I resorted to the many treatments kindly suggested by old ladies, and finally succeeded in learning how to abort the inflammation.

Felons are generally, if not always, caused from bruises, and originate under the periosteum.

How to diagnose a felon.—When the palmar surface of the finger, thumb, or any part of the hand feels as if a fine, sharp, short thorn had entered the cuticle, and the outer end had become embedded beneath it, and when on "picking" for it it seems to be pressed into the periosteum, endways, and you fail to find the thorn, and know no other cause for redness, swelling and pain, you may rest assured that you have a felon coming. But if you wish to further satisfy yourself whether or not it is a felon, take your pocket knife and rub the edge over the small red spot, inclining the back of the blade forward. Notice if, when you are passing over the diseased spot, the red corpuscles are all caused to pass on through the blood vessels, leaving the inflamed part whitened for a short time after the knife passes over it. If not it is apt to prove to be a felon.

I give rules for diagnosing the disease in its forming stage, when it is easily aborted by my treatment; but if neglected longer, it only succeeds in part, according to the deposit under the periosteum.

Treatment.—I have used the following simple treatment for twenty-three years, since which I have always succeeded in aborting this painful disease, or modifying the great pain, and not unfrequently preventing the loss of one joint of the finger:

Take of soft lye soap and flaxseed meal a sufficient quantity, stirring the meal in slowly with spatula, or case knife, manipulating thoroughly, so as to form a salve or poultice. Cornmeal is a good substitute for the flaxseed. Envelop the finger in this, applying snuggly, and occasionally pressing it to bring it more completely in apposition. Renew the poultice every twelve to twenty-four hours.

Don't try every prescription you may hear of. Depend on this, and this alone. It will, if applied in time, abort the disease; if adopted later, it will bring it to a small "head" (if too far advanced to be "scattered") when it may be picked almost painlessly.

The escharotic properties of the soap soon destroy the thick skin over the region of the disease, which accounts partly for the quick relief from pain. Besides I think it is partially absorbed, and thus affects, more or less, the diseased process.—*Ther. Gazette.*

CONTRACTION OF FINGERS.

At a meeting of the Medical Society of London, Mr. William Adams exhibited a number of contracted fingers. Many were due to contraction of the palmar fascia and its digital prolongation. Such were cured by multiple subcutaneous divisions of the fascia and immediate extension. Mr. Adams regarded it as usually commencing in chronic gouty inflammation and thickening of the fascia.

These cases were compared with the cast of a case of finger contraction following lacerated wound of the wrist, and depending on contraction of the tendons. He also showed a cast of a remarkable case in which the little finger was severely contracted by a web of skin extending from the point of the finger to its base. The President referred to the case of a gentleman aged eighty, who had suffered from contraction in both hands. Mr. Gant had remedied this in the right hand by tenotomy and extension. Mr. Spencer Watson asked for evidence of a gouty origin of the disease, and alluded to Mr. Hutchinson's observations of the concurrence of thickening of the sclerotic (and glaucoma) with Dupuytren's contraction. Dr. Fothergill had frequently noted these contractions in gouty subjects, and almost invariably found them symmetrical. Mr. Owen alluded to a case of this disease in a gentleman aged thirty, in which the middle finger of the right hand was contracted, and where he had operated by dividing the fascial band, applying a splint and gradual extension. Dr. Gilbert Smith, referring to Mr. Adams' remark as to the rare occurrence of the disease among women, said he had lately seen a lady with both hands affected by these contractions. He also knew of an instance where three brothers, all of them gouty, suffered in this manner.—*Buff. Med. Journal.*

ABSTRACTS AND GLEANINGS.

Dr. Tanner's Fast.—The fast commenced on June 28th 1880. The following table exhibits the temperature, pulse, respiration, etc., during the forty days.

Day.	*Weight.*	*Highest Temperature.*	*Highest Pulse*	*Respiration.*	*Ounces of Water Voided*	*Ounces of Water Drank*
First	157½	99	88	16	21	48
Second	—	*98¾	84	16	8½	24½
Third	153	98½	78	16	22½	—
Fourth	—	98½	84	—	19½	—
Fifth	147½	†98⅝	100	—	17¼	—
Sixth	—	98¾	100	—	14	—
Seventh	143	98½	90	16	14	—
Eighth	—	98½	84	14	13	—
Ninth	141¾	‡98¼	116	16	13	—
Tenth	—	*99¼	98	14	13¾	4
Eleventh	139¾	100	94	—	16	—
Twelfth	—	*99¼	93	14	14	—
Thirteenth	136¼	98	100	16	15½	—
Fourteenth	133	*98¾	96	16	14	—
Fifteenth	—	98	107	—	17	1
Sixteenth	—	98	108	14	18¾	39
Seventeenth	137½	99	98	16	33½	66
Eighteenth	136½	*98¾	76	16	36¾	51
Nineteenth	136	99	84	15	26½	46½
Twentieth	135	99	82	15	45	39½
Twenty-first	135	99	84	16	33	51
Twenty-second	134	99	72	15	29	18½
Twenty-third	133½	98	88	18	30½	23½
Twenty-fourth	132	*99¼	84	16	21½	30
Twenty-fifth	131½	*98¾	72	16	19¼	—
Twenty-sixth	131½	*98¾	80	16	19½	12½
Twenty-seventh	—	*98¾	76	16	12	8
Twenty-eighth	129¾	*98¾	72	16	9¼	19
Twenty-ninth	—	*98½	74	16	22¼	14
Thirtieth	130	*98¾	84	14	28	10
Thirty-first	128	*98½	74	—	9	14
Thirty-second	127½	*98¾	72	15	14	9
Thirty-third	126½	99	78	9½	5½	15
Thirty-fourth	126½	99¼	78	14	12½	7
Thirty-fifth	—	98	78	—	10	17
Thirty-sixth	—	—	74	—	9¾	19¼
Thirty-seventh	125½	98¾	74	14	27½	12½
Thirty-eighth	—	99¼	78	15	13	8
Thirty-ninth	122½	—	—	13	—	3

*Whenever the asterisk appears it indicates that for convenience in typography there is a change from a fifth in the original manuscript to a quarter in print, or three-fifths in manuscript to three-quarters in type. Where the † is the original manuscript gives the temperature as ninety-eight and nine-tenths, and for convenience in typography it is made in print 98⅝. ‡ This should be ninety-eight and three-tenths.

—*N. Y. Med. and Surg. Journal.*

The Effects of Conception on the Nervous System.—March 2d., I was called to see Mrs. M., aged 21 years; married six months; very robust and of a sanguineous temperament. Since puberty she has menstruated regularly and without any discomfort or nervous symptoms, up to the present date, which is her catamenial period, but it has failed to appear. She has heretofore enjoyed perfect health. With this history the following symptoms presented: A slight, whitish fur on the tongue; pulse a little excited; respiration somewhat hurried and forced; no symptoms of malarial poison; no hysteria; urine tested and found normal; bowels open; disposed to sleep all the while, and while asleep would pull and pick violently at the bedclothes and indulge in low mutterings; when aroused her mind would become perfectly clear and calm; complained only of a severe pain in the lower part of her spine; unable to move herself in bed without assistance; could neither stand nor sit alone; if she attempted to walk her toes would drag on the floor; she would pass into a sleepy stupor while standing up, and would say her sleep was natural; complained of no pain in head; no loss or increase of sensation. A vaginal examination showed a softened condition about the os uteri; no dilatation. The most attractive and unusual symptom of great nervous irritation was the rapid contraction and dilatation of the pupils. They would contract and dilate to their full extent about six or eight times to the minute, entirely uninfluenced by light, and seeming to affect the vision in no way in either state.

I will state that these symptoms, so far as I could learn, had developed the night previous, as she was up and attending to her duties the day before I saw her, complaining only of a backache.

From the foregoing history and symptoms I diagnosed the case as one of hyperæmia of the brain and spinal cord, caused by this, her first, conception, producing a reflex action. With this conviction I proceeded to apply wet cups along the spine, and removed several ounces of blood. I also ordered a preparation of bromide of potassium and valerian and left the patient, expressing the hope that the system would accustom itself to the physiological functions going on, and that these symptoms would soon pass away.

Two days later I repeated my visit and found her condition no better, except that the cupping had partially relieved the pain in the spine. I applied the cups again and drew off more blood. To open the bowels, ordered large doses of calomel and ipecacuanha.

Saw the patient next day. Pain over the spine greatly relieved; not so much paralysis; no abatement of other symptoms; cathartic acted freely. In this condition she remained for nearly two months, the symptoms gradually increasing in severity and yielding to no treatment that I could institute.

April 29th. Found her in slight convulsions, gradually increasing in severity and frequency. I advised the induction of abortion.

April 30th. With the assistance of my friend Dr. John Rainey, who had seen the case and concurred with me in the mode of procedure, I introduced a probe into the uterine cavity and broke up the membranes. She bore the operation well, and aborted in about thirty hours, throwing off a fœtus I supposed to be six or eight weeks old. There was no sudden reaction, but her symptoms gradually became milder, and I can pronounce her, May 20th, entirely recovered.

In the treatment of this case there arose an immaterial, though in-

teresting, question in my mind. It was, whether this condition which, toward its close so greatly endangered her life, arose from the suspension of a previous regular physiological act, or from the taking on of a new physiological condition.

I think it arose entirely from the conception, for the suspension of menses was no less physiological than the conception. The point that created this question was this: She menstruated the last time about February 1st, and conception took place a few days later, judging from the subsequent non-appearance of the catamenia and the size of the fœtus. Now, she carried that fœtus, without discomfort, from about February 5th to March 1st, which was her time, and then the foregoing symptoms set up. This is not so strange when we reflect and see that the uterus, even after conception, often takes on its regular monthly congestion, and in some instances the flow comes on.

Having presented this case in detail, I shall not discuss it further than to say I think it too often the custom of physicians to postpone or refuse such timely interference, in similar cases, as is necessary for the safety of the mother. The danger of the operation in this case was enhanced, because of my postponing until convulsions came on.

I humbly offer the report of this case to the profession, for such consideration and discussion as the rarity of its symptoms and obscurity of its pathology may demand.—DR. P. W. JOHNS, *in Med. and Surgical Reporter.*

Leucocythæmia.—Gentlemen, we have here a young girl, eighteen years old, whose mother tells us that she was quite well until four months ago. Four months ago her mother noticed that the glands in her neck were becoming swollen. This increase in size of the glands has apparently gone on very rapidly since that time, for now we find a very considerable number of the glands enlarged, the glands affected being principally the glands of the neck, the glands running down from the neck into the thoracic cavity and the axillary glands. The inguinal glands she says are not involved. The tonsils are a little involved, not very much.

The girl's color, as you will observe, is still very good, and she apparently complains of nothing except this enlargement of the glands. The mother states that the girl has not been unwell for four months; that is, that her menses have not come on the past four months.

That makes the whole of the case then. A girl having no symptoms except the cessation of the menses, and presenting herself with a number of enlarged glands as you see. I should say also that the spleen is enlarged. Now, what is the matter with her? "Leucocythæmia." Yes, probably. Of course, we cannot be certain of that without examining the blood. It is possible for a person to have such enlarged glands as this girl has, and have an enlarged spleen also, and yet not leucocythæmia. There may be no increase of the white blood globules at all. What would the patient be suffering from then? If we examine this girl's blood and do not find any increase of the white blood globules—"Anæmia." Well, simple anæmia would not account for the enlargement of the glands. "Struma." Well, that does not mean much, doctor. There are two conditions with which we meet which are alike except as regards the condition of the blood. We have the same enlargement of the glands with or without enlargement of the

spleen in both cases. But in one set of cases there is an increase of the white blood globules. This we call leucocythæmia or leucæmia. In the other state the glandular changes are the same, but there is no increase of the white blood globules. Now, what is it called? "Leucocytosis." No, the word leucocytosis is applied to cases in which there is a slight increase of white blood globules—cases which are not fairly cases of leucocythæmia, and in which there is a little increase of the white blood globules. But we are supposing that when we come to examine the blood we will find no increase of the white blood globules. We cannot tell yet whether there is or is not. If there is, then the case is one of leucocythæmia; if there is not, then what is the trouble? There is a disease which is usually called pseudo-leucæmia, or false leucæmia; that is, a disease resembling leucæmia or leucocythæmia (for those two words are used in the same sense), but yet without the characteristic change in the blood. Those two conditions, leucæmia and pseudo-leucæmia are very closely allied indeed. The cases run very much in the same course; they present very much the same symptoms, and really the only apparent difference between them relates to the condition of the blood.

In either case the treatment is the same. If the patients at the time you see them are not anæmic, then you direct your attention to the reduction of the size of the glands. If they are anæmic they may be so either with or without an increase of the white blood globules. You observe that by anæmia we do not mean an increase of the white blood globules. We mean a decrease of the red ones, and a patient may come to you like this girl, with enlarged glands, and she may be anæmic or not. In this case she is not. The color is still good. In this particular case then the duration being short, and the condition of the blood, so far as the red blood globules is concerned, being still good, we shall direct our attention directly to the condition of the glands.

Now, there is one drug which has special power in diminishing the size of the lymphatic glands if they are enlarged, and that drug is iodine. And for this particular purpose, if you want to get the real effects of the iodine, the best thing you can do is to give it in the form of Lugol's solution—of Lugol's solution of iodine. And you will give the girl, to begin with, five drops of this—five drops taken in water three times a day, and taken after meals. The only objection to this medicine is that some stomachs will not bear it. It makes some persons so sick at the stomach that we are unable to give it to them, but I imagine that this girl will be able to take it. That will be the first thing for her to do. Begin the treatment then with Lugol's solution in five-drop doses three times a day; continue that for a week. Then the dose should be gradually increased by a drop at a time until she shall take ten drops three times a day. That is one plan for treating these cases, if you see them in the condition in which this girl is, the general condition being still good.

Another plan is to get them under the constitutional effect of arsenic. You give them arsenic in increasing doses until you have reached a point of tolerance. Then you stop the arsenic for a time and allow the patient to recover from its effects. Then you can repeat this again. This plan also has considerable effect in diminishing the size of the glands, but generally speaking I think the iodine treatment is to be pre-

ferred. If, however, the patient was anæmic at the time you saw her; if we were to see this girl a year from now, she having been left to herself, and should find the glands larger than they are now, and we should find that, instead of having the color which she has now, she should be very pale: she would be anæmic. Then we could do nothing with our iodine. Then we should have to put her upon the use of iron and oxygen. We would treat her as we would any other case of anæmia. DR. DELAFIELD *in Clinic, Detroit Lancet.*

Consumption on the Salisbury Plan.—Some time ago I gave the leading ideas of the Salisbury plan in this Journal. For the benefit of those who did not peruse that paper, the following concise statement is introduced. This will enable the student to take in the significance of the actual cases presented.

Dr. Salisbury regards consumption to be a diseased condition or state that is at first systemic, then local, found in the blood one year generally, before the organic pulmonal disease. This is the pretubercular state. The Salisbury plan diagnosticates this state by the addition of a new physical sign. The prime element of the disease is defective alimentation, by which a vegetation is introduced into the blood through the alimentary canal. This vegetation is a yeast plant.

Tubercle is an accident or secondary condition due to capillary embolism.

This embolism is caused by the presence of the yeast vegetation, by the massive fibroid filaments and by the enlarged massal white corpuscles aggregating together. These abnormal form elements make up an essential part of the Salisbury morphology of consumptive blood.

There is then something tangible to the sense of sight in the causation of consumption. It has been photographed by the writer.

The treatment on the Salisbury plan consists in the removal of the yeast from the blood by starving out the yeast. This is done first by regulating the food and giving appropriate medicine. The studies on which this plan is based, extend over a period of twenty-five years and embrace thousands of cases.

The evidence of this statement is as follows: In 1858 Dr. Salisbury had ready for the press, a work in which he describes his experiments with over 2,000 swine. They were fed in various ways, but 1,026 were fed on food filled with yeast.

In ten weeks time 246 swine died; 104 of them were examined after death, and all were found to have in the lungs the disease known as consumption. The writer has perused the records of these *post-mortem.*

At about the same time, Dr. Salisbury made bread with flour raised with the yeast found in the diarrhœal dejections of a third stage consumptive. In 1878 I repeated this experiment and sent a sample of the bread to the editor of this Journal. Per contra, Dr. Salisbury examined one hundred well swine that had been fed on good, sound corn, and found hardly a trace of tubercle in their lungs. Again, Dr. Salisbury took healthy men —hired by the day,—and fed them as he fed the thousand hogs. In every case consumption of the bowels was induced in from ten to fifteen days.

Can the candid and unprejudiced student in medicine ask for more? Here he presented a plan that embraces the cause or rather the syn-

thesis of the disease in animals, verified by *post-mortem* examination. The morphology of the blood is photographed. The reduction in size of the enlarged white blood corpuscles to a normal state, the dissipation of the spores and spore collests, and the restoration or the red discs towards a normal condition, have been photographed and are on record; indeed, the demonstration is made daily. To crown all, cases are cured and the profession is asked to examine them by Dr. Salisbury.

Can anything more be done to present the matter? Yes, there can.

Dr. Salisbury, in connection with myself, offers to go to New York and treat twenty-five cases of consumption sent by intelligent physicians of good character, with a written diagnosis of the case so that there shall be no disagreement afterwards. The physicians to watch the cases through the treatment for three months. If possible arrangements should be made to take photographs of the blood from time to time as records of the progress of the cases, and at the expiration of a year the physicians shall be invited to meet in counsel and judge on the results by the histories.

In this way it is thought that it can be decided best, if the experience of Dr. Salisbury and myself can be realized under other conditions where the profession can watch the progress for themselves, and where the treatment shall be fully and carefully carried out without let or hindrance. The full text of the treatment may be found in the September 1879 No. of the Virginia Medical Monthly, Richmond, Va., or the Scientific American.

The full exposition has been ready for the press for some time, and waits to be produced when asked for. Dr. Salisbury is in no haste, but when the writer considers how far inferior are the present unsatisfactory modes of treating this disease and how much less they have to bring forward to their support, he thinks that one-fourth of a century is long enough to wait. As things now go, one-fourth of the very physicians who read this paper will, in all probability, die of consumption, to say nothing of their patients. So then, it seems to the writer that no time should be lost in the proper presentation and demonstration of this plan.

At any rate, after this, I cannot be blamed for not having tried to make known the new information as to the cause and cure of the disease.—Dr. CUTTER, in *Mich. Med. News.*

Analysis of a Secret Cancer Plaster.—Dr. Edmund Andrews in the Chicago Medical Review, says:

A person living not a thousand miles southwest of Chicago, treats such patients as he can convince that they have cancers, as follows: He applies a caustic plaster for six hours, producing a white eschar. Removing the plaster he poultices the spot for twelve hours, and then applies the plaster for six hours more.

In this way the cautery is gradually deepened, and the eschar turns black and begins to separate from the living flesh. When he judges the action to be sufficient, he ceases the use of the caustic until the slough drops out, when, if any suspicious points remain, he reapplies the remedy.

The incompleteness of the work, however, is manifest by the large

proportion of cases where the disease reappears in the same spot.

Some of his caustic having fallen into my hands, I gave it to Prof. M. P. Hatfield for analysis. The material was in the form of a brown paste, which, on close inspection, consisted of a fine brown powder imperfectly mixed with a transparent or translucent paste containing the caustic. Applied to the raw surface of a cancer, I found it to turn it white and to produce an eschar.

Prof. Hatfield found the active principle to consist simply of chloride of zinc. A faint trace of iron was present as an impurity, and the coloring matter was a vegetable powder.

The quack claims almost miraculous powers for his secret plaster of chloride of zinc, and finds a considerable number of dupes to employ him.

The moral of this tale should be pondered by surgeons. The general horror of the knife is natural, and is so decided that many minds cannot calmly face it, even with the promise of ether. Such patients will calmly endure great pain from a caustic if they can be spared the thought of the cruel steel. A mental pain is as real as a physical one, and harder to bear. Would it not be really humane in properly selected cases to use caustic more than we do, making up for their clumsiness by attention and determined persistence, so as to be thorough in the extirpation?

Esmarch's painless caustic powder might serve in some cases, and chromic acid, used while the patient is under the influence of morphine, would serve a quick turn in others.

Esmarch's painless powder is prepared after the following formula:

℞	Arsenious acid.....	1 part.
	Sulph. morph.....	1 part.
	Calomel.....	8 parts.
	Pulv. gum Arabic.....	48 parts.

Mix. Sprinkle thick every day on a surface either raw, or denuded of cuticle by a blister.

The Use of Quinine in Connection with Nervous Sedatives.—Dr. Gray said: Great relief was to be expected from the bromides in robust patients; but not to the same extent in the case of the weak and anæmic. His own experience had convinced him that there was considerable danger in using them freely in certain instances, and he had met with one case in which a fatal result was thus produced. He was a firm believer in their efficacy in epilepsy, as a general rule; but at the same time he felt that under some circumstances they should be used, if at all, only with extreme caution.

For the past two years he had been in the habit of prescribing quinine in connection with the bromides, and he could but express himself as more than satisfied with the results obtained by this combination. At first he had employed it with timidity and in very small doses, as he feared, from what he had been taught, that it might perhaps interfere with their action, and only aggravate the trouble present; but afterwards he had used it much more freely, and always with very beneficial effects. His practice now was to give first a sufficient quantity of the bromides to produce bromism, and then two or three grains

of quinine three times a day in addition. He had met with a few cases in which quinine was not well tolerated, but as a rule such patients were able to stand the full sedation of the bromides; while in some instances he had deemed it advisable to stimulate the system with quinine before commencing the use of the bromides, on account of the weak condition of the patient.

All his experience went to show that quinine actually increased the effect of the bromides, hyoscyamin, and belladonna, and he had also found that all these agents were much better borne by the system, as well as more efficient in their action, when administered in combination with quinine than when the latter was omitted.

The happy effect of the quinine with hyoscyamin was well shown in a case of puerperal mania which he had seen in consultation. When hyoscyamin was given alone it seemed to be of no service; but when quinine was added to it, although there was no malarial complication in the case, its use was followed by the most happy results.

Dr. Jewell stated that he found strychnia exceedingly useful in combatting the depressing effect of the bromides when given in sufficient quantities to control epileptic attacks, and that it did not, as might perhaps at first be supposed, increase reflex irritability, and thus render the patient more liable to fits. He had not had much experience with quinine, however, in this way.—*Amer. Neurological Assoc. Trans.*

Prostration and Nervousness after Coition.—Nervousness and sleeplessness and headache and prostration following coition, when performed but rarely, are evidences of some form of sexual exhaustion and are worthy of attention even though there should be no other sign of trouble in that function.

In practice we find, however, that this symptom does not exist alone; it is always a part of a group. In one extraordinary case for which I was consulted, coition as infrequent as once in three months produced unpleasant effects, but the individual thus sensitive could sleep at any time and as long as he wished, and was capable of severe and responsible mental labor.

There are cases not so uncommon as was formerly supposed, whose genital function is in a condition analogous to the extreme forms of nervous dyspepsia—intolerant of any functional activity, no matter how mild or cautious.

There are persons who cannot eat even a crust of bread without experiencing discomfort; just so there are persons who cannot indulge at all in coition without experiencing more or less of the symptoms that are supposed to follow only great excess; this function is a poison to them—the only difference in the evil effects of moderation and excess being of degree only.

Sexual intercourse in the normal man is a sedative and tonic; it induces sleep, quickens the appetite and inspires activity; the slight and pleasing languor that follows it are physiological. In cases of this kind, as I nave many times noticed, coitus is followed the next day by an unusual sensitiveness of the urethra, as is observed on introducing the sound or other instruments.

In the time of their appearance these bad effects of sexual excitation are remarkably inconsistent; in some persons, not manifesting them-

selves for two days, or the second day; in other cases, appearing at once after the act. This same inconsistency obtains in other symptoms and after the exercise of other functions; thus a clergyman who consulted me was troubled not by the blue Monday, but by a blue Tuesday—the re-action from the labors of Sabbath and delaying for forty-eight hours. Likewise the phenomena of indigestion sometimes follow at once after a meal; in other cases not until several hours.—*Independent Practitoner.*

Sciatica of Rheumatic Origin.—I now show you another patient, who also complains of pain in the hip, thigh, and leg. His name is Charles M., and he is a barber by trade. He has had more or less of this pain for two years. Two years ago he had a severe attack of rheumatism, during which the large joints of the left leg swelled badly. Since that time he has suffered from pain in the left leg. He says that at the present he suffers most pain when standing. As you saw, when I pressed at the exit of the superior gluteal nerve on the left side, he jumped away. He also winces when I press on the posterior part of the thigh and in the popliteal space. There is, besides, tenderness in the calf of the leg. Inquiring into this man's general health, I find it to be fair; the tongue is clean, the appetite good, and the bowels move daily.

This history and these symptoms point very positively to sciatica or inflammation to the nerve sheath. You observe the man gives us a most unmistakable rheumatic history. He has almost constant pain, which is increased by standing. He has had the pain since having the attack of rheumatism to which he referred. It is needless to go farther into the history, for such symptoms make the diagnosis a positive one. The rheumatic history and character of pain leave us no doubt as to correctness of diagnosis.

To treat a case of this kind, if there were no chronic underlying cause, it would be proper to resort to hypodermic injections of either morphia or spirits of chloroform. In fact, there is no contra-indication for using either of them, as it is. We must not, however, be misled and overlook the fact that we have here a chronic cause, which is to be reached before we can expect to cure. I shall first advise that this man favor his limbs all he can. The muscles involved need absolute rest for some time, in order to bring the desired relief. In addition to the necessary rest I will order the following internal remedies:

℞ **Potassii iodidi..... ʒiiss.**
Vini colchici rad..... gtt. xlviij.
Syrupi zingiberis.
Aquæ..... aa fʒij. M
S. **One dessertspoonful to be taken four times daily.**

Chief among the great number of internal agents advised for muscular rheumatism are iodide of potassium, chloride of ammonium, and wine of colchicum root. If the patient be debilitated or anæmic, then recourse can be had to the tincture of iron, quinine, and arsenic.—*Col. and Clin. Rec.*

On a New Method of Arresting Gonorrhea.—I read with great pleasure the article headed as above by Mr. Cheyne, and wish to

state that I have adopted his method of passing medicated bougies up the urethra for acute and chronic gonorrhea. The bougies I used were made by Kirby & Co., 14 Newman Street, Oxford Street. The other day I thought I would use iodoform in the shape of a bougie. I, therefore, ordered some containing five grains in each, and have been very gratified with the result, which has quite come up to my expectation. I have been in the habit of using iodoform, both in the form of ointment and of powder, for some years, and with marked success, in the treatment of indolent varicose ulcer of the leg, soft chancres, etc.

The method I adopt in the treatment of gonorrhea is this: I first order the patient an injection containing ten minims of liquor plumbi and two grains of sulphate of zinc to an ounce of water, to be used frequently until the acute symptoms have subsided. I then pass a No. 9 bougie up the urethra as far as the ulcerated spot. I then apply a piece of lint over the orifice of the urethra, under the prepuce, and tell him not to pass his urine for some hours afterward. I order him to take as little liquid as possible and no stimulants. I generally pass one or two bougies a day. My patients generally get rid of the gonorrhea in a week. The only constitutional treatment I adopt is a brisk purgative, followed by tonics.—J. B. James, M. R. C. S., in *British Med. Journal.*

[In the above we find confirmation of the idea given in a recent number of the *Southern Medical Record*, in which Dr. Word reports a case of gonorrhea cured by the use of an ointment of vaseline and bismuth introduced upon a bougie.—ED.]

Milk and Lime Water.—Milk and lime water are frequently prescribed by physicians in cases of dyspepsia and weakness of the stomach, and in some cases are said to be very beneficial. Many persons who think good bread and milk a great luxury, frequently hesitate to eat it for the reason that the milk will not digest readily: sourness of stomach will often follow. But experience proves that lime water and milk are not only food and medicine at an early period of life, but also at a later, when, as in the case of infants, the functions of digestion and assimilation are feeble and easily perverted. A stomach taxed by gluttony, irritated by improper food, inflamed by alcohol, enfeebled by disease, or otherwise unfitted for its duties—as is shown by the various symptoms attendant upon indigestion, dyspepsia, diarrhœa, dysentery, and fever—will resume its work, and do it energetically, on an exclusive diet of bread and milk and lime water. A goblet of cow's milk may have four tablespoonfuls of lime water added to it with good effect. *The Druggist.*

Strychnia Successfully Antidoted by Hydrate of Chloral.—A case is reported, in the British Medical Journal, by George Gray, M.D., of strychnia poison successfully antidoted by chloral hydrate. The patient bought 20 grains of strychnia to poison rats with. He stirred it in a glass of whisky and drank it all. Dr. Gray administered 2 drachms of chloral hydrate in solution, with much difficulty, but it had the desired effect. Two days afterwards he was at his usual work. —*N. C. Med. Journal.*

Iodoform in Otorrhœa.—Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprised with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:

With a cotton carrier or any convenient instrument, and fine clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of the offensive pus:

℞ Iodoform ..... ℥ ij
Tannic acid ..... ℥ j

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end of an annealed glass tube about six inches long and ¼ of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth of the other end of the tube, and give a gentle puff, throwing a whirlwind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.—Dr. S. Pollock, in *Med. and Surg. Rep.*

A New Anthelmintic.—Dr. Lemos, in *Medicinische Neuigkeiten*, states that the ocinum basilicum, a plant known in Buenos Ayres under the name "albochaca," has an action of such a nature that the worms in every stage of development rapidly leave their location after the juice reaches them. Its use is so much the more to be recommended, since, if no worms should be present no injurious effect results from the plant, but a laxative and disinfectant action is the only result. Fifty grammes of the juice are given, followed in two hours by a dose of castor oil. A free discharge of the worms may be expected.—*Med. and Sur. Rep.*

Metaphosphoric Acid.—W. C. Grigg pronounces metaphosphoric acid a much more delicate test for albumen than nitric acid. The acid should be freshly made and dissolved without heat. A piece of the size of a pea is to be dissolved in a drachm of distilled water. The urine may be added to the solution or *vice versa*. If there be a trace of albumen the urine will immediately become turbid and of a milky-white color.—*Brit. Med. Journal.*

Nutritive Enemata.—Dr. Michelacci contributes an article on the subject of nutritive enemata, in *La Sperimentale*, in which he lays down the following general propositions. It is important to prepare the large intestine for the reception of nutrition by a previous injection of some simple substance. Whatever be the nature of the nutritive enema used, it should never be at a lower temperature than 37° or 38° Cent. (98.6° or 100.4° Fahr.).

It is, as a rule, preferable to give a considerable number of small enemata rather than a few large ones. The injection should be administered slowly and cautiously, and conveyed as high up as possible, by means of a long tube.

Each nutritive enema should be preceded by one of about two ounces of water, containing from four to eight drops of laudanum, in order to render the intestine more tolerant. In a clyster, alcohol should never be joined with peptone, as they are chemically incompatible. Fatty substances should be used sparingly, as they are difficult of absorption, and irritate the mucous membrane. Neutral or slightly alkaline enemata are frequently useful.

In cases in which symptoms of irritation or enteritis supervene, the author recommends suspending the use of all further enemata, or if this be not possible, then using opium freely, and selecting for injection only the less irritating substances.—*Med. and Surg. Reporter.*

Benzoic Acid in Rheumatism.—Senator has employed this remedy in forty-six cases of polyarticular rheumatism. From a clinical point of view it much resembles salicylic acid. Salkowsky attributes to it the same anti-putrescent and stronger anti-fermentive properties. In order not to irritate the primæ viæ, moderate doses are to be given at first: 10 to 12 grams (2½ to 3 drachms) of benzoic acid; or better 12 to 15 grams (3 to 3¾ drachms) of benzoate of soda. The acid was given as a powder in wafers or capsules; the benzoate in 100 to 140 grams (3 to 4 oz.) of an aromatic draught, with or without syrup.

It may be considered a specific for rheumatism, though in a less degree than salicylic acid. As a rule, the latter is more prompt in its action, though in some cases where that failed the benzoic acid succeeded.

No relapses nor cardiac complications have been observed. Benzoic acid seems to have no tendency to irritate the stomach or bowels. —*La Presse Medicale Belge.*

Iron on Digestion.—Dr. Perry, taking as his subject the Misuse of Iron Preparations, and their Effects upon the Digestive Process, supports his views with the following experiments. Two test-tubes containing artificial gastric juice and albumen; into one of them is poured one drachm of elixir of iron and quinia, at the end of four hours digestion has been completed in the tube containing no iron; the albumen remains unaffected in the tube containing the medicine. At the end of ten hours the albumen in the latter is still undigested, showing the effect of the iron preparation in suspending digestion. He quotes cases in which he considers indigestion to have been due to the presence of a preparation of iron in the stomach; he advises that such medicines be administered one hour before, or four hours after meals.—*Buff. Med. and Surg. Journal.*

A New Mode of Distinguishing Central from Peripheral Paralysis of the Face.—It is well known that this diagnosis can be readily made as a general thing by the constant current; the muscles in the paralyzed region contracting if the disease be central, and failing to respond if the nerve trunk itself be involved.

Dr. Strauss says that the diagnosis can be made just as readily by the use of jaborandi. If the disease be central, sweating occurs on both sides of the face, but if the nerve trunk be diseased, there is no sweating on the paralyzed side. He says this action is just as pathognomonic as that of electricity.

That the secretion of sweat is under the control of the nervous system, has now been positively established, and this observation of Strauss seems to show, as was to be expected, that the nerves governing the secretion of sweat in the face accompany the seventh pair.—*Va. Med. Monthly.*

Saving Time.—Dr. Clemenceau, the eminent French physician and member of the legislature, is remarkable for his quickness in the dispatch of business. Two men entered his consulting-room simultaneously the other day. The first, in reply to, "What is the matter?" said he had trouble in the chest, and was ordered to take off his shirt.

While prescribing the Doctor ordered the other visitor in, and said: "Just take your shirt off too; it will save time."

He immediately did so, and by the time the Doctor had written the prescription for the first man and received his fee he was stripped to the waist.

"You are suffering from pain in the chest, too, are you not?"

"Well, no," said patient No. 2, "I come to beg you would recommend me for a place in the post-office."

A Substitute for Quinine.—Dr. F.F. Habercorn urgently recommends the use of ethereal oil of mustard in fever, as being even superior to quinine. He has tried it in a great many cases, among others in more than fifty cases of chronic fever [intermittent?] He gives at a dose five drops of a ten-per-cent ethereal solution of oil of mustard, with two drops of an ethereal solution of thymol in a tablespoonful of water or wine; and in inveterate cases he adds three drops olei bassarum juniperi; six doses a day are given. While taking the medicine the patient must hold his breath.—*Louisville Med. News.*

Jaborandi in Mumps.—Dr. Testa states, in *Il Morgagni,* that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy for mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.—*Med. and Sur. Rep.*

Caution in Regard to Chrysophanic Acid.—Physicians prescribing chrysophanic acid should warn their patients against the accident of introducing it into their eyes with their fingers. Dilatation of the pupil ensues, accompanied with intense inflammatory itching and burning, causing much pain for the time it lasts, though the inflammasion soon subsides.—*Boston Journal of Chemistry.*

SCIENTIFIC ITEMS.

Why we are Right-Handed.—Dr. John A. Wyeth, of New York, in an interesting paper on the "Anatomical Reasons for Dextral Preference in Man," which appears in the Annals of the Anatomical and Surgical Society of Brooklyn, N. Y., arrives at the following conclusions:

1. Man is right-handed by preference, as a result of his anatomical development.

2. The arrangement of the embryonic protoplasmic element is such that the liver developing on the right side greatly outgrows its opposing viscus, the spleen, and pushes the heart to the left of its original position in the median line, causing an obliteration of one of the two originally symmetrical arches of the aorta, and an obliquity of the remaining one.

3. This loss of symmetry involves an arrangement of the great vessels of the neck and upper extremities by which the artery carrying blood to the right arm is more favorably situated and receives more blood than the one to the left arm, while the left carotid and vertebral arteries supplying the left half of the encephalon, which presides over motion on the right side of the body, are more favorably situated and convey more blood than the two vessels which have the same distribution on the opposite side.

4. This fact accounts for the development of the left half of the brain in excess of the right.

5. It is not the slight excess in weight of the viscera of the right side of the abdomen, which is given by some to be the cause of right-handedness, who argue from this that man must lean to the left, that is, balance himself upon the left leg, leaving the right extremities freer for action. It is a matter of cubic inches, of bulk, in fact, of cardiac displacement.

6. Education, training by persistent effort, will overcome the natural tendency to dextral preference, and will render the individual more clever with the non-preferred hand, more equally adroit with both sides of his body, more symmetrical in muscular growth; will tend to equalize the two halves of the brain, giving a better cerebral development, and will consequently render him more serviceable to society and himself.—*Journal of Chemistry.*

Treatment of Stammering.—Dr. W. B. Hammond, in the British Medical Journal, gives the following practical hints on this subject:

If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone. Now there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that trouble me most were those that began with the explosive consonants—those that require the sudden opening of the lips for their enunciation—*b*, *p*, and *t*. I could no more have repeated the alliterative lines, "Peter Piper

picked a peck of pickled peppers," etc., to other persons without stammering than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of "Peter," for instance, I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting. In the procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic.

No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going to say, not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure the more successful shall we be in our efforts to cure them.—*Journal of Chemistry.*

Photography Under Water.—Wm. Morris, of Greenock, says the Glasgow News, has made a discovery by which he can photograph underneath the water at a depth of ten fathoms. Two of the negatives he has secured are remarkably distinct, but the others are rather dim, owing to defects in the apparatus, which he hopes to remedy. The camera is enclosed in a water-tight glass case, suspended by the center and enclosed by a cover, that is drawn off after the camera—which is fixed on a loaded tripod—has reached its position.

One of the views taken in the bay shows a sandy bottom, with a number of large boulders covered with seaweed, and an old anchor; and in the shade three mooring cables belonging to small yachts close at hand.

Mr. Morris intends soon to carry out his investigations with improved apparatus when he expects to achieve still greater results.

Telephone.—A very curious analogy between the telegraph and the nervous system is found in the telephone, the operation of which is strikingly like that of the human ear.

The transmitter may be called an artificial ear, the metallic disc being the tympanum or drum, the bar magnet taking the place of the bones, and the wire serving as the nerves to transmit the vibrations. Dr. Bell is reported to have said that it was by a patient study of the construction of the human ear that he was led to the invention of this wonderful instrument.—*Ibid.*

A Winking Portrait.—A peculiar effect in portraits has been produced by Mr. Simmonar. A negative of the sitter is taken with his eyes open and another with his eyes shut; these are printed on paper in such a way that the front and back images exactly coincide. The two sides of the paper when alternately illuminated present a picture of the same person with his eyes opening and shutting, and if the light is shifted rapidly we have a winking portrait.—*Dental Advertiser.*

PRACTICAL NOTES AND FORMULÆ.

Wine of Tar—Excellent for Chronic Coughs.—As usually made, wine of tar is an unsightly, unstable and unpalatable article, but as prepared by the following receipt will be found free from these objections:

℞	Tar	4 troyounces
	Granulated sugar	5 troyounces
	California sherry	1½ pints
	Water, sufficient quantity to make	2 pints
	Sand, washed and dried	8 ounces

Rub the tar with the sugar and sand in a mortar, then with the wine and water. Pour into a bottle all the ingredients and agitate occasionally for 4 or 5 days. Filter with paper pulp, when a fine clear wine will result, highly impregnated with the tar, which will keep without undergoing acetous fermentation. By employing the California wine and water a preparation results that does not contain much more alcohol than would be the case if made by the ordinary plan. The employment of sand is on account of the mechanical division it effects. —*Amer. Journal of Pharmacy.*

To Disguise Castor Oil.—

℞	Syrup of orange peel	f℥ j
	Syrup of gum arabic	f℥ ss
	Caramel	f℥ j
	Tartaric acid	xxv grains
	Water	f℥ iv

Mix.

Saint Barthelemy's Fever Liniment.—Dr. Sezeric makes this liniment by the following process:

℞	Olei terebinthinæ	125.0
	Tincture opii	5.0
	Camphoræ	3.0
	Olei olivæ	60.0

M. S. Apply for 6 minutes every 6 hours to the whole spine. After applying three to four times the intermittent fever stays away.—*Pharm. Centralb.*

Benzoate of Soda.—Dr. Cady, of Wisconsin, in N. Y. Record, recommends the following as very useful in diphtheria and pneumonia

℞	Sodii benzoat	℥ ij
	Aqua mentha pip	℥ ss
	Syrup aurantii	℥ ss
	Aqua dest	℥ iij

M. S. Dose, a tablespoonful every three hours.

Diphtheria.—It is somewhat amusing to watch the changes and differences in medical opinion in regard to the treatment of this much dreaded disease. Dr. N. F. Brown, in the Detroit Lancet, writes an article recommending very highly the following treatment, which has a rather familiar look, and, if we are not mistaken, was in use twenty years ago. Its age is not against it, however. The novelty of practice often brings disappointment, and we have to fall back upon the old treatment :

When called to see a child, three or four years ago, I gave the following prescription :

℞ Chlorate of potash..... ℥ss
Pure glycerine..... ℥ iij
Mur. Tinct. iron..... gtt- xx
Water, add., q. s..... ℥ iij

M. Sig. Give a teaspoonful every half hour, day and night, arousing the patient when necessary to give the medicine punctually, and when the medicine is all used, renew the prescription, and give the same dose every hour, instead of half-hour. Follow this with tonics, iron quinia, strychnia, etc.—*Boston Med. Journal.*

Hæmoptysis.—Dr. Pepper, in a lecture at Philadelphia Hospital, says :

Of drugs, ergot seems to be the most powerful in checking hæmoptysis. The extractum ergotæ fluid. may be given in doses of a teaspoonful every fifteen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of gtt. xv, or ergotine may be used. If the stomach is irritable, gr. v of ergotine may be given per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with aromatic sulphuric acid, which makes a more efficient and pleasant mixture.

℞ Acidi gallici..... ℥ ij
Acidi sulphurici aromat.....f. ℥ j
Glycerinæ.....f. ℥ j
Aquæ, q. s. ut ft.....f. ℥ vj M

Dose, a tablespoonful, as required.

This is to be given every hour, every half-hour, or at shorter intervals until the hemorrhage is brought under control. This, I think, ranks next to ergot, and where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.

Hoof Ointment.—Very satisfactory results are said to have been obtained with the following ointment in the treatment of all diseases peculiar to hoofs, such as cracks, scratches, cuts, etc. :

℞ Benzoin catechu, bone charcoal, each..... 10 parts

Reduce to a fine powder and add :

Pure carbolic acid..... 8 parts
Petroleum ointment..... 100 parts
Yellow wax..... 10 parts

Mix, with a gentle heat.—*Pharm. Centralb.*

Artificial Selter's Water.—

℞	**Chloride calcium**	gr. iv
	Chloride magnesium	gr. xij
	Chloride sodium	gr. xv
	Citrate iron	gr. ss
	Tartaric acid	ʒ ij
	Bicarbonate soda	ʒ ijss
	Water	q. s.

Dissolve all the salts but bicarb. soda and the tartaric acid in a pint of water; pour into a champagne bottle, and fill up with water until the bottle lacks two ounces of being full; add the soda and acid, and cork at once; wire the cork, and allow the bottle to stand for six hours.—*Med. Herald.*

A Palatable Solution of Salicylic Acid.—Dr. Flexner, of Louisville, recommends the following combination:

℞	**Salicylic acid**	℥ j—ʒ viij
	Citrate of potash	℥ ij
	Glycerine	℥ viij
	Simple elixir q. s. ad	Oj

The citrate of potash is to be dissolved in the glycerine by the aid of a gentle heat, after which the acid is to be stirred in, and a gentle heat maintained until it is completely dissolved. On cooling, simple elixir is to be added to bring it up to the required measurement, after which the solution is to be strained. It contains five grains of salicylic acid to the drachm, and is miscible in all proportions with water without the separation of any acid.—*Mich. Med. News.*

Arsenic in Neuralgia.—Dr. J. T. Stewart states, in the Peoria Medical Monthly, that he has been in the habit, for many years, of prescribing arsenic combined with opium in ordinary neuralgia, and found it of great value. His formula is as follows:

℞	**Liquor potas. arsen**	ʒ iij
	Tinct. opii	ʒ iss
	Alcohol	ʒ iss M

Sig. Give ten drops in water every three hours, increasing the dose by two or three drops daily until the disease is controlled, or until decided constitutional effects are produced.—*Med. and Surg. Rep.*

Aristocratic Remedy for Itch.—

℞	**Balsam of Peru**	1 ounce
	Benzoic acid	110 grains
	Oil of cloves	40 drops
	Alcohol	2½ drachms
	Simple cerate	7 ounces.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the balsam of Peru. It is said to effect a cure in twenty-four hours.—*Med. and Surg. Rep.*

Dyspepsia and Consumption.—Glycerine in combination with iodine is recommended as a substitute for cod-liver oil in strumous cases. The following is suggested as an admirable tonic in cases of lung affection attended, as is often the case, with indigestion :

℞	Pure glycerine	℥ ij
	Tinct. iodine	℥ ss
	Iodii potass	gr. vi
	Tinct. nux vomica	℥ j
	Syr. wild cherry	℥ ij

Dose, a dessert spoonful before each meal and at bed time if the cough be troublesome.

For the Removal of Tan and Freckles.—Dr. J. Nevins indorses the formula of Prof. White.

℞	Hydrarg. bichlorid	gr. vj
	Acid. muriat. dil	℥ j
	Aqua	℥ iv
	Alcohol	℥ ij
	Aq. rosæ	℥ ij
	Glycerine	℥ j

Mix. Apply at night, and wash off the skin with soap in the morning.—*Chicago Medical Review.*

Simple Elixir.—It may be prepared by mixing :

℞	Spirit of orange	℥ ij
	Spirit of cinnamon	gttx
	Alcohol	℥ iv
	Simple syrup	℥ vj
	Water	℥ vj

For Barber's Itch.—Brame recommends the following treatment: Shave off the hairs or cut them very short; then apply, once or twice a week, an ointment composed of :

℞	Prepared chalk	10 parts
	Coal tar	1 to 4 parts
	Glycerine	5 parts
	Simple cerate	50 parts

For Phthisis.—

℞	Chloride calcium	gr. x
	Water	℥ j
	Glycerine	℥ j

Mix. Give in wine glass full of milk three times a day.

Eucalyptol as an Antiseptic.—Eucalyptol may prove to be the antiseptic of the future. Drs. McIntyre and Bauer recently used it in a spray in a modified form of Lister's dressing in an operation for mammary cancer with the very best results.—*St. Louis Clinical Record.*

EDITORIAL AND MISCELLANEOUS.

☞Please *Send up your dues* and renew your subscription.

Subscription receipted will appear in our next.

The Southern Medical College will open its second session on the 13th of October next. A large class is anticipated.

Medical Books.—See advertisement of LYNCH & THORNTON, clever gentlemen and enterprising book merchants, Atlanta, Ga.

Parke, Davis & Co.—This enterprising establishment is still bringing out new and valuable agents. See their new advertisement in this issue.

Correction.—The article in our August issue on gelseminum, credited to London Med. Journal, Dr. Hobbs, ought to have been credited to Louisville Med. News, Dr. A. G. Hobbs.

Lectures on Lithotrity.—Prof. Reuben A. Vance, of Cincinnati, has engaged to deliver a series of lectures on the subject of "Modern Lithotrity to the Class of the Southern Medical College at the ensuing Session.

Fluid Extract of Malt.—We have a sample bottle of this article as prepared by Messrs. Merrell, Thorpe & Loyd, Cincinnati. It is neatly prepared, is palatable to the taste and is evidently an excellent preparation. See their advertisement.

Beef Cod-Liver Oil and Pepsin.—See the advertisement of this preparation. The combination is certainly a happy one. It is prepared by the Brown Chemical Co., Baltimore, Md., sole manufacturers of Powel's Prepared Chemicals.

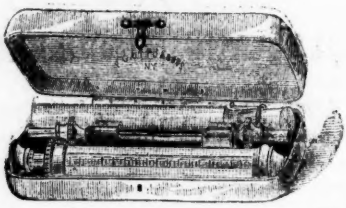
Typhoid Fever.—This disease is prevailing in many localities the present season, and has proven unusually obstinate and protracted. Practical articles on this disease or on typho-malarial fever would be gladly received by the Editors of this Journal.

Popular Science Monthly.—This very instructive and interesting monthly we are glad to number among our exchanges. It furnishes most valuable reading to the intelligent practitioner and to men of scientific taste especially. It is published by the enterprising and popular establishment of D. Appleton & Co., New York.

Liebig Laboratory and Chemical Works.—We are in receipt of beautiful samples of "Coca Beef Tonic" and "Genuine Extract of Witch Hazel," prepared by the above enterprising establishment, which has both a London and New York house. These are valuable preparations neatly and tastefully put up. The sole agents in this country for their sale are J. L. Berg & Co., 87 William Street, New York.
See their advertisement in this Journal.

College Fees.—We have received announcements from the following Colleges: Medical College of Ohio, fees $75; Cincinnati College of Medicine, fees $75; Detroit Medical College, fees $75; Hospital College of Medicine, Louisville, fees $75; University of Louisville, fees $75; Medical College of Georgia, at Augusta, fees $75; New Orleans Medical College, fees $140; University of Pennsylvania, fees $140; Bellevue Medical College, fees $140; SOUTHERN MEDICAL COLLEGE, Atlanta, fees $75; Atlanta Medical College, fees $75.

A New Hypodermic Syringe.—F. C. Otto & Sons have manufactured a new hypodermic syringe of celluloid. Every part of the syringe is made of celluloid, except the needles. The barrel is as transparent as glass, and will not break by blows or falling.



The cut above will give an idea of the syringe. It is neat and durable and supplies a want, and one our friends will appreciate. Price, $4 00 by mail. Send to F. C. Otto & Sons, 64 Chatham Street New York.

A New School Physiology, by Richard J. Dungleson, A.M., M.D., editor of "Dungleson's Medical Dictionary," "History of Medicine," Secretary of the Academy of Medicine, etc. Illustrated with one hundred and seventeen engravings; 314 pages.—Porter & Coates, Philadelphia, 1880.

As a member of the Board of Commissioners of the Public Schools of Atlanta, we have examined this work with special care, having an eye to the best books for the pupils, and hesitate not to say it is the best work as a School Physiology we have seen.

The time has come when the importance of physiological study in the common schools is acknowledged and appreciated. The recent agitation of sanitary matters in this country, the appointment of Boards of health, and the interest in public health excited thereby has given a decided impetus to all classes of studies having reference to the human body and to the laws of hygiene.

Apart from these considerations, the subject is one of absorbing interest in itself, embracing, as it does, much of comparative anatomy, chemistry and natural history, and covers a wide and interesting field, and is calculated to lead the mind of the student into important and elevated conceptions of both the physical and mental man, and of the evidences of wisdom and design in the works of creation.

The book is neatly gotten up, the print is plain, the style good, the illustrations well drawn, and though sufficiently comprehensive as to include all the important topics of the science, is yet free from unnecessary detail, and of a size admirably suited as a text book for common schools. We trust the publishers will send for inspection copies of this work to the superintendents of Public Schools throughout the country.

P.

BOOK NOTICES.

TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, at the 13th Annual Session held at Vicksburg, April 7, 8 and 9, 1880, with the roll of Members and reports on medical topics—published by the Association.

The present number of the Mississippi Transactions is one of unusual interest. It is neatly gotten up, and contains 177 octavo pages.

The Address of President E. P. Sale, M.D., on the duties we owe our women, is one of marked ability and interest; so is the Annual Oration, by B. F. Ward, M.D.

We note also as worthy of commendation the following interesting papers:

Recent Advances in Surgery, By S. V. D. Hill, M.D.

Recent Advances in Obstetrics, by N. L. Guice, M.D.
Ascyrum Crux-Andreæ, for Pertussis, by D. L. Phares, M.D.
Malarial Hematuria, by J. M. Greene, M.D.
Hemorrhagic Malarial Fever, by B. F. Kittrel, M.D.
Treatment of Wounds, by C. A. Rice, M.D.
Strangulated Inguinal Hernia, by John Brownrigg, M.D.
Amputation of Both Legs, by Wirt Johnson, M.D.
A Case of Traumatic Tetanus, by Wirt Johnson, M.D.
Notes on some Cases of interest, by W. A. Taylor, M.D.
Removal of Urethral Calculi by Perineal Section, by J. E. Halbert, M.D.
A Case in Practice, by John Featherston, M.D.
A Case of Lithotomy, by J. W. Bennett, M.D.
Congenital Malformation of the Anus, by J. C. Hall, M.D.
Simple Uterine and Vaginal Irrigator, by John S. Featherston, M.D.
Case of Atresia Vaginæ, complicated with Pregnancy, by E. P. Sale, M.D.
Yellow Fever at Concordia, by John B. Pease. M.D.

The following are the Officers elect for the ensuing year:

President.—W. F. HYER, M.D., Hudsonville.

Vice-Presidents.—1st. D. L. Phares, M.D., Woodville. 2d. H. Shannon, M.D., Vicksburg. 3d. R S. Toombs, M.D., Greenville. 4th. W. D. Carter. M.D, Ripley.

Recording Secretary.—Wirt Johnson, M.D., Jackson.

Corresponding Secretary.—M. S. Craft, M.D., Jackson.

Treasurer.—Geo. K. Harrington, M.D., Jackson.

Orator.—S. D. Robbins, M.D., Vicksburg.

Alternate Orator.—S. R. Dunn, M.D., Greenville.

A PRACTICAL TREATISE on Tumor of the Mammary Gland, embracing their Histology, Pathology, Diagnosis and Treatment, by Samuel W. Gross, A.M., M.D., Surgeon to and Lecturer on Clinical Surgery in the Jefferson Medical College Hospital and the Philadelphia Hospital, President of the Pathological Society of Philadelphia, Fellow of and former Master Lecturer on Surgical Pathology in the College of Physicians of Philadelphia, Fellow of the Academy of Surgery of Philadelphia, etc. Illustrated by twenty-nine engravings. 246 pages octavo.—New York, D. Appleton & Co., 1, 3 and 5, Bond Street, 1880.

This contribution from Dr. Gross fills a void in our medical literature. The author has brought his extensive knowledge and powers of research into requisition in the investigation of the pathology, histological character and differential diagnosis of mammary diseases, including carcinoma, etc. He holds that cancer may be permanently relieved by thorough operations practiced in the early stage of its evolution. He brings many facts to sustain this position.

The work contains much that is new and instructive, and will be gladly welcomed by the profession.

SUPPLEMENT TO THE AMERICAN DISPENSATORY, by John King, M.D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic College of Medicine, Cincinnati, of Materia Medica, Therapeutics and Medical Jurisprudence, etc., etc.; and by John U. Lloyd, Professor of Chemistry and Pharmacy in the Eclectic Medical Institute of Cincinnati, etc.—Witstach, Baldwin & Co., 143 Race Street, Cincinnati.

This is an eclectic work, and so the American Dispensatory to which it is a Supplement. We would not be understood in this review as endorsing that system, but as a journalist seek to give our readers information upon all subjects which the facilities of our position throw into our hands.

The interest now taken in the department of Therapeutics, and the

advances which are being made have developed an eager desire to examine and test the new remedies from whatever source they come.

The work or Supplement now under review is devoted in the main to a history, description, and therapeutical properties of new remedies. It contains much that is new and interesting; the illustrations are original and are life-like and true to nature.

Prof. J. U. Lloyd was intrusted with this department of the work and states that "The chemical and pharmaceutical processes given are derived in a large degree from personal experience in laboratory work."

As a chemist and practical pharmaceutist, Prof. Lloyd stands deservedly high.

THE SKIN IN HEALTH AND DISEASE, by L. Duncan Bulkley, M.D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out Patient Department; Late Physician to the Skin Department, Dermatological Dispensary, New York, etc.—Philadelphia, Presley Blakiston, 1012 Walnut Street, 1880.

This is a neat little work of 142 pages, embracing chapters on the following general heads: Anatomy and Physiology of the Skin; the Care of the Skin in Health; Diseases of the Skin; Diet and Hygiene in Diseases of the Skin.

THF BRAIN AS AN ORGAN OF THE MIND, by H. Charlton Bastian, M.A., M.D., F. R. S., Professor of Pathological Anatomy and of Clinical Medicine in University College, London, Physician to University College Hospital and to the National Hospital for the Paralyzed and Epileptic; with one hundred and eighty-four illustrations.—New York, D. Appleton & Co., 5 Bond Street, 1880.

This is a book of 700 pages, embracing recent views and discoveries in regard to the origin and functions of the nervous system, and containing many interesting and instructive facts and principles relative to the brain and mental operations. The chapters upon speech and thought, and the localization of the higher cerebral functions, we perused with special interest, also that upon the nature and origin of instinct. It is a valuable and instructive work, and will repay perusal.

SPECIAL NOTICES.

We have received from Messrs. WM. R. WARNER & Co. samples of their pharmaceutical preparations for the use of physicians and practitioners. These preparations have received high awards at the centennial and other international exhibitions, and have attained a considerable reputation in America.

Warner & Co.'s sugar-coated pills are extremely well made; have a smooth, elastic coating; and, if cut through, the mass within is found to be soft and easily soluble. They include phosphorus pills, containing 1-50 of a grain of phosphorus in each; have been especially praised by the judges on account of the completeness with which the phosphorus is diffused and subdivided whilst it is protected from oxidation.

COCA (*Erythroxylon Coca*).—The properties of this drug have long been familiar to the natives of Bolivia and Peru, to which countries it is indigenous. It is a powerful nervous stimulant, and increases the power of the muscular system to sustain fatigue. It has also a pleasant, general, excitant influence, removing fatigue and languor. Its effect on the brain is to stimulate that organ to greater activity, and to relieve the mind of the depression incident to worry and anxiety.

Considerable interest has been excited in this new remedy by the report of Prof. E. R. Palmer, M.D., of the University of Louisville, on its efficacy in the treatment of opium habit.

A pure article of coca is furnished by **PARKE, DAVIS & CO.**, Detroit, Mich.

We would call attention to the advertisement, on page 9, of **Messrs. HENRY THAYER & CO.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearng their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.